

Index

guidelines of, 52, 109 acceptance and commitment therapy on mainstreaming, 33 (ACT), 124 professional critique by, 28 ACOG. See American College of American Medical Association Obstetricians and Gynecologists (AMA), 38 ACT. See acceptance and commitment American Society of Plastic Surgeons therapy (ASPS) adolescence on FGCS 2000-2015 increase, 38 ACOG on surgery in, 28 on Internet and labiaplasty, 38 BritSPAG on labiaplasty during, 7 on mainstreaming, 33 clinical evidence on vulva changes on male breast reductions, 3 during, 51-2 AMH. See Anti-Mullerian Hormone female genital development during, androgen hormones 13 clitoris and urethra influenced girls on labia minora, 18 by, 12 GP case example of, 110 male genital development and, 12 labia majora in, 13 during pregnancy, 12 nurses and midwives case vignette, Anti-Mullerian Hormone (AMH), 11, 130 - 312 - 13puberty and, 130 appearance pubic hair development in, 13 genital distress about, 24 adult vulva, 13-14 labiaplasty in 1989 and 1995 from pubic hair and, 13 emphasis in, 35 adults norms, 4 FGCS acceptable choice for, 64–5, 72 ASPS. See American Society of Plastic FGM cultural obligation for, 64-5 Surgeons MD of females, 11 advertising, 8 by clinicians, restrictions removal BDD. See Body Dysmorphic Disorder on, 38 behaviour therapy, 123 binary genitals, 3-4 cosmetic surgery mainstreaming body hair and, 3 by, 38 of feminism, 83-4, 86 breast tissue and, 3 in medical practice, 38 embryological development and, 11, aesthetic FGCS, 2, 39 12 - 13media and increased interest in, female and male description of, 4 35 - 6non-genital sex characteristics, 3 for prepubescent appearance, 42 penis and, 3-4 RCOG ethics committee on, 7 sex differentiation process for, 3 bioethics gendered misappropriation, 102 clinicians accountability process, 8 problems and limits of personal, 104 Nuffield Council on Bioethics sex education promotion of concerns, 28, 76 personal, 102 RCOG ethics committee and, 6-7 AMA. See American Medical BIQLI. See Body Image Quality of Life Association Inventory ambiguous genitalia, 5-6 Body Dysmorphic Disorder (BDD), American College of Obstetricians and 111, 120-1, 122 Gynecologists (ACOG) Body Image Quality of Life Inventory on adolescent surgery, 28 (BIQLI), 54 scientific bodies guidelines, 52, 53

breast tissue, 3 male breast sculpting and, 3 British Society for Paediatric and Adolescent Gynaecology (BritSPAG), 109 on labiaplasty, 7, 135 Care Quality Commission, 6 CBT. See Cognitive Behaviour Therapy cervix, MD development of, 11 childbirth, FGCS and, 56, 133-4 childhood clitoris, labia majora, labia minora female genital development during, genital dimensions study in, 13, 14 childhood genital cutting consent in, 63, 73-4 Genital Autonomy campaign against, 74 religion motive for, 63 choice, FGCS and, 8, 64-5, 72 to be normal, 74-6 disadvantage factor in, 73, 76-7 influence factor in, 73, 76-7 informed, 109 law and, 1, 73-4 Mill on freedom of choice, 72-3 as normative transformer, 72-3 policy implications, 77 circumcision claimed health benefits of, 59 common side effects of, 59 without consent, 59-60, 65 cultural reasons for, 63-4, 65 double standard for, 64 opposition to, 59 religion and, 59 supporters of, 59 clinical evidence, of FGCS, 56-7 future research for, 55-6 on G-spot amplification, 54 on immediate results and patient satisfaction, 52-5 normal vulva and, 51-2 on psychosexual outcomes, 54 publications and research, 51



Index

clinical evidence, of FGCS (cont.) on sexual satisfaction, 54 on side effects and risks, 55 accountability process for, 8 advertising restrictions removal for, 38 FGM and, 62 GP referral to surgeon, 18-19, 111 media public relations and, 37 popular media on labiaplasty by, 36 - 7study of FGCS recommendation by, 19 vulval anatomy perception of, 18-19 clitoral glans, 11-12, 14 clitoral hood, 11-12, 14, 20, 42-3, 44 reduction of, 46, 48, 54 clitoridectomy, history of, 1 clitoris, 1, 11, 13-14 adult, 14 androgen hormone influence on urethra and, 12 in childhood, 13 erectile tissue of, 15 orgasm and, 15 sexual activity and, 15 clitoroplasty, 1, 58 Cognitive Behaviour Therapy (CBT), 123 commercialization, of medicine, 38, 39 commodity, vulva as, 28 competition, feminism and, 86 composite reduction, of labia minora, 20, 44, 45 comprehensive sex education, 99, 104 Congress for Aesthetic Vaginal Surgery, 2010, 39 consent in childhood genital cutting, 63, circumcision without, 59-60, 65 for FGCS, 65 FGM non-competence for, 65 human right of, 63 cosmetic interventions, in UK FGCS compared to, 78 Keogh Report on, 6, 7 lack of training and accreditation for, 7 regulations lack for, 6, 78 Cosmopolitan, on labiaplasty, 37 cultural practice of circumcision, 63-4, 65 of FGCS, 2, 3, 62 customers. See patients

damage limitation, 8–10 independent, multi-disciplinary research for, 8 patient decision-making protocol, 8 repeat operations and, 8 Dawoodi Bohra FGM case study, 64 decision-making protocol, for patients, 8 de-epithelialization, 44, 45, 46 designer vagina, 18, 23, 58 direct excision, 44, 45, 46 disadvantage factor, in choice, 73, 76–7 double standard for circumcision, 64 Dawoodi Bohra FGM case study, 64

education. See also sex education basic anatomy education, by GP, 114 GP professional, 109 interventions, 131–2, 133 nurses and midwives limitations of, 129–30 embryological development, of genitals

genitals
MD and WD in, 11, 12–13
SRY gene and, 11, 12–13
erectile tissue
of clitoris, 15
of labia minora, 15
examinations, 112

114

clinical advice following, 132 genital, 132 for pathology, 43 for surgery planning, 43 excision. *See* direct excision

external genital development, 11-12

basic anatomy education and GP,

Fallopian tubes, 11
Federal Trade Commission (FTC), 93
female discussion forums, 24–6
on ideal vulva and public imagery,
24–5
male voices on, 26

on neat vulva, 25 female genital anatomy, 11, 20–2, 115 accurate representation of, 19 adult vulva, 13–14

androgen hormones and, 12 anxiety over, 108 childhood and adolescence

development, 13 clinicians vulval perception, 18–19 external genital and urinary

opening, 11–12 females vulval perception, 18 fetal vulval development variations,

12–13 internal genital development, 11 introduction to, 11

males vulva perception, 19, 25 media images of, 35–6 medical representation and, 16–18 modern challenges for, 18

openings in, 12 physiology, 15

postmenopausal changes, 15 vulva pathologisation, 19–20, 26–7 vulva standardization, 15–16

female genital cosmetic surgery (FGCS), 1. See also specific topics adults acceptable choice of, 64–5, 72 consent for, 65

experimental nature as research barrier, 7–8 increase in, 2, 19–20, 36–8, 107–8

lawful procedures of, 1 motivations for, 66 political position on, 66–7 professional ambivalence on providers of, 6

female genital cosmetic surgery (FGCS) techniques, 42, 49 complications of, 48–9, 55, 62 current surgical techniques, 44–6 introduction to, 42–3

labiaplasty repair, 27–8, 49 operative approaches, 46–8 postoperative care, 48 selection of, 46

before surgery, 43–4 surgery goals agreement, 43–4 female genital cutting (FGC). See female genital mutilation

female genital mutilation (FGM), 1, 6 adults cultural obligation of, 64–5 campaigns to eliminate, 67 consent non-competence for, 65 to control sexual lives, 65 for female sexuality regulation, 66 genital cutting inconsistencies, 8, 67–8 illegality of, 61

Keogh Report on legislation on, 6 legislative differences for, 66–7, 68 medical training and, 62

WHO on, 1, 58, 60 Female Genital Mutilation Act 2003

(FGM Act), 73-4 on adult females, 74

on childhood genital cutting consent, 73–4 enforcement of, 77–8

FGCS outlawed by, 74 genital distress and, 74

on mental health, 61–2, 74 females

FGM for sexuality regulation of, 66 hair removal by, 3 lack of accurate representation for, 19



More Information

Index

MD of adult, 11 normal perception of, 119 sex differentiation process for, 3 vulva appearance study focus by, 18 vulval anatomy perception by, 18 feminism advertising of, 83-4, 86 competition and, 86 feminist activism from critique to, 90 FGCS demand and supply reduction focus, 91 FGCS negatives increase from, 92-3 professionals and, 90 feminist activism campaigns, 67, 74, 91-3 "The Great Wall of Vagina," 19, 28, 91 - 2The Muffia, 92 New View Campaign, 93-6 Petals Project, 92 V-Day, 92 Visible Vagina Show, 92 vulva-positive campaigns, 91 fertility control, 82, 86, 87 fetal vulval development variations, 12 - 13FGCS. See female genital cosmetic surgery FGM. See female genital mutilation FGM Act. See Female Genital Mutilation Act 2003 financial rewards, as research barrier, 7 Franco classification, of labial hypertrophy, 46, 52-4 FTC. See Federal Trade Commission GAS. See Genital Appearance

Satisfaction scale general practitioner (GP) abstract on role of, 107 adolescent case example, 110 examination and basic anatomy education, 114 FGCS incidence and, 107-8 FGCS knowledge, 115-16 FGCS range and, 107 on genital anatomy anxiety, 108 informed choice and, 109 introductory role understanding, key points for, 108 laser vaginal rejuvenation case example, 112 on normal, 108 physical comfort case example, 111 post-surgery follow up by, 116 professional education of, 109 on psychosocial factors, 109

RACGP six-point guide for, 109, 110 - 15resources for, 114-15 summary, 116 surgeon referral by, 18-19, 111 vaginal laxity case example, 112 Genital Appearance Satisfaction scale (GAS), 54 Genital Autonomy, on childhood genital cutting, 74 genital cutting, 23. See also childhood genital cutting; female genital mutilation inconsistencies in, 8 orgasm and, 15 genital dimensions in childhood, study of, 13, 14 lack of accurate information on, 15-16 pre-operative, 43 sexual function and, 16 study of, 13, 14 vulval anatomy ratios, 16 genital distress, 23-4, 28, 101 about appearance, 24 FGM Act 2003 and, 74 hygiene-oriented concerns for, 24 marketing of abnormality and, 74-6 medical framing on, 6 neoliberal self-improvement and, 24 nurses and midwives roles, 129-35 over other person judgment, 24 self-compassion and, 103-4 surgeons on, 27 genital diversity, 20, 26 females view on normality and, 34, information on, 100-2 labial hypertrophy reassurance and, 34, 36 normalisation of, 28 US FGCS history on, 33-4 genital duct system MD in, 11, 12-13 uterus, Fallopian tubes, and vagina in, 11 WD in, 11, 12-13 GP. See general practitioner Grafenberg spot (G-Spot), 15, 51, 54, 107 "The Great Wall of Vagina" (McCartney), 19, 28, 91-2

G-Spot. See Grafenberg spot

Depression Scale

history, of US FGCS, 33, 34-6

on genital diversity, 33-4

of mainstream practice, 39

media and labiaplasty increase, 36-8

HADS. See Hospital Anxiety and

history of beliefs, for FGCS advertising of feminism, 83-4, 86 competition and feminism, 86 conclusion, 87 cultural knowledge and sexual/ reproductive organs awareness, 82 - 3introduction, 80 knowledge through body feeling and touching, 81-2 men's magazine and, 85-6 nakedness and, 84-5 sexual practices and, 86-7 sexuality and fertility control, 82 socialisation and causes of change, 80 - 1WLM and, 85-6 Hospital Anxiety and Depression Scale (HADS), 54 Hungry Beast story, about labia minora media censorship, 26 hygiene-oriented concerns genital distress about, 24 labiaplasty for, 34-5, 39 sexual repression and, 82 ideal vulva labiaplasty for, 25 neoliberal self-improvement for, 25 from pornography, 24-6, 75, 77 public imagery and, 24-5 influence factor, in choice, 73, 76-7 informed choice, 109 internal genital development, 11. See also genital duct system International Society of Aesthetic Plastic Surgery (ISAPS), on labiaplasty, 2 Internet ASPS on labiaplasty and, 38 labiaplasty increase with, 37-8 normalisation of FGCS and, 20, 27 ISAPS. See International Society of

Aesthetic Plastic Surgery

Keogh Report, on UK cosmetic interventions, 6, 7

Kinsey Report on Sexual Behaviour in the Human Female, 80 knowledge through body feeling and touching, 81–2 sexual/reproductive organs awareness and cultural, 82–3

labia majora, 11, 44 in adolescence, 13 in childhood, 13 reduction of, 46, 47



Index

labia maiora (cont.) revolumising of, 46, 48 sexual activity and, 15 labia minora, 11, 44 adolescent girls on, 18 in childhood, 13 composite reduction, 20, 44, 45 de-epithelialization, 44, 45, 46 direct excision, 44, 45, 46 erectile tissue of, 15 Hungry Beast story about media censorship of, 26 laser labiaplasty, 44, 46 wedge resection, 44, 45, 46, 47, 48 W-shaped resection, 44, 45-6 Z-plasty, 44, 45-6 labial hypertrophy, 5, 18, 20, 42 females view of normality of, 34, 36 Franco classification of, 46, 52-4 genital diversity reassurance and, 34, 36 labiaplasty, 1, 23, 42 from appearance emphasis in 1989 and 1995, 35 BritSPAG on, 7, 135 for hygiene abnormalities, 34-5, 39 for ideal vulva, 25 infrequency from 1970s through 1990s, 35 Internet and increase of, 37-8 ISAPS on, 2 lack of standardisation for, 49 media and increased interest in, for physical comfort, 34-5, 39, 111 pornography influence on, 36, 66 positioning and skin marking for, 46 - 7RCOG on, 7, 72, 109 surgeons mainstreaming of, 27-8 UK increase in, 2, 107-8 wound closure for, 47 labiaplasty repair, 27-8, 49 language pathology, of surgeons, 27 laser labiaplasty, 44, 46 on FGCS choice, 1, 73-4 FGM Act and FGCS, 74 law and ethics, of FGM conclusion on, 67-8 double standards case study, 64 FGM and FGCS comparisons, 60-1 genital cutting varieties, 58-60 human right of consent and, 63 inconsistencies explanations, 65-7 introduction, 58 legislative inconsistencies, 63-5 MGC comparison, 59-60 patient variables and, 63

status of law, 61-3 legislation, on FGM, 6, 63-5, 66-7, 68 legitimisation, of FGCS, 27-8 luscious lips. See labial hypertrophy mainstreaming, of FGCS, 27-8 ACOG on, 33 advertising restrictions removal and, 38 ASPS on, 33 by surgeons, 27-8 US history of, 39 male breast sculpting, 3 male genital cutting (MGC), 59-60, 65. See also circumcision political position on, 66-7 religion significance to, 65 risk profile of, 59 for sexual pleasure reduction, 65-6 types of, 59 male genitals, 4, 11 androgen hormones and, 12 function and action description of, 11 ASPS on breast reduction of, 3 MD regression in, 11 perceived dissatisfaction by, 120 sex differentiation process for, 3 voices, on female discussion forums, 26 vulva perception by, 19, 25 marketing, 37 of genital distress and abnormality, 74 - 6medical and scientific language in, 5 medicine commercialization and, 38, 39 McCartney, Jamie, 19, 28, 91-2 MD. See Mullerian Duct media, 36-7 aesthetic FGCS interest and, 35-6 clinicians public relations and, 37 Cosmopolitan on labiaplasty, 37 female genitals images from, 35-6 FGCS growth and, 33 Hungry Beast story about labia minora censorship in, 26 US history on labiaplasty increase and, 36-8 medical expert role, 121 medical framing, 5-6 on genital insecurities, 6 of labial hypertrophy, 5 marketing medical and scientific language use in, 5 mental health and, 6, 38

research on ambiguous genitalia

rhetorical sculpting and, 5

and, 5-6

medical practice advertisements in, 38 commercialization and, 38, 39 cost cutting focus and, 38-9 patient as consumer shift, 39 political economy of, 38, 114 US FGCS history of changes in, 38-9 medical representation, 17 of female genital anatomy, 16-18 menopause, 113-14, 134, 135 men's magazines, history of beliefs and, 85-6 mental health adolescent case example referral for, FGCS and, 62 FGM Act 2003 on, 61-2, 74 medical framing and, 6, 38 MGC. See male genital cutting Mill, John Stuart, 72-3 mindfulness-based approaches, 124 modern challenges, for female genital anatomy, 18 Mona Lisa Touch, 107, 114 mons pubis, 11, 14 The Muffia, 92 Mullerian Duct (MD), 12-13 of adult females, 11 cervix development of, 11 Fallopian tubes development and, 11 males regression of, 11

nakedness, history of beliefs and, 84-5 neat vulva. See also designer vagina; normal vulva female discussion forums on, 25 normalisation of FGCS on, 25, 51-2 neoliberal self-improvement genital distress and, 24 for ideal vulva, 25 New View Campaign, 93-6 non-genital sex characteristics, 3 normal vulva, 20, 29, 51-2, 74-6, 108, 119 normalisation, of FGCS, 27-9 genital diversity pathologisation and, 20 Internet and, 20, 27 of neat vulva, 25, 51-2 surgery safety and risk-free perception, 20, 27-8, 75 normative transformer, choice as, 72-3 norms, 4-5 appearance, 4 of pubic hair removal, 18, 75, 81, 119

sense of threat and, 4

social, 4, 75, 76



Index

vagina negative representations
and, 5
vaginal laxity view and, 4-5
nudism. See nakedness
Nuffield Council on Bioethics, 28, 76
nurses and midwives, genital distress and role of, 129–35
and role of, 129-35
adolescent girl case vignette, 130-3
education limitations, 129-30
female genital anatomy
understanding, 130
introduction, 129
on puberty, 130
reassurance case vignette, 135
vaginal tightening case vignette,
133-4
orgasm
clitoris and, 15
genital cutting and, 15
paternalism, 73
pathologisation, of vulva, 19-20,
26-7
patients
clinical evidence on immediate
results and satisfaction of, 52-5
as consumer shift, in medical
practice, 39
research of satisfied and dissatisfied,
7
variables, law and ethics of FGCS
and, 63
Pelvic Organ Prolapse-Urinary
Incontinence Sexual Function
Questionnaire (PISQ), 54, 55
penis, 3–4
Petals Project, 92
physical comfort
case example, 111
labiaplasty for, 34–5, 39 physiology, of female genitals, 15
PISQ. See Pelvic Organ
Prolapse-Urinary
Incontinence Sexual Function
Questionnaire
Playboy magazine, 85–6
political economy, of medical practice,
38, 114
political position, on MGC and FGCS,
66–7
pornography
ideal vulva perception from, 24–6,
75, 77
labiaplasty influenced by, 36, 66
positioning and skin marking, for
labiaplasty, 46–7
postmenopausal changes, in female
genitals, 15

```
postoperative care, for FGCS
     techniques, 48
postoperative complications
  of FGCS techniques, 48-9, 55, 62
  from scarring, 48-9
  of wedge resectioning, 48
pregnancy, 12, 132-3
prepubescent aesthetic, 42
professional ambivalence, 6-7
  BritSPAG and, 7
  on FGCS providers, 6
  Keogh Report and, 6, 7
  psychological input and, 6
  RCOG ethics committee, 6-7
professionals
  ACOG critique by, 28
  critique by, 28
  feminist activism and, 90
  GP education and, 109
  SOGC critique by, 28
psychological aspects and approaches,
     for FGCS
  BDD and perceptual distortions,
     120 - 1
  BDD assessment, 122
  case vignette, 125-6
  conclusion, 126
  females and cosmetic surgery
    background, 118
  medical expert role, 121
  perceived negative evaluations by
    others, 120
  perceived partner dissatisfaction,
  personal factors, 119-20
  psychological expert role, 122
  psychological factors, 118-19
  psychological factors research
    gaps, 121
  psychosocial and sexual
    assessment, 122
psychological expert role, 122
psychological input, professional
     ambivalence and, 6
psychological treatment strategies,
     122 - 3
  ACT, 124
  behaviour therapy, 123
  CBT, 123
  mindfulness-based approaches, 124
  sex therapy, 124-5
psychosexual outcomes, of FGCS, 54
puberty, 130
pubic hair
  adolescence development
    of, 13
  adult vulva and, 13
  removal norm of, 18, 75,
    81, 119
```

Public Policy Advisory Network on Female Genital Surgeries in Africa, 66 RACGP. See Royal Australian College of General Practitioners radiofrequency vaginal rejuvenation, 55 RANZCOG. See Royal Australian and New Zealand College of Obstetricians and Gynaecologists RCOG. See Royal College of Obstetricians and Gynaecologists childhood genital cutting motive of, 63 circumcision and, 59 MGC significance to, 65 repeat operations, 8 reproduction, 15, 82-3 research. See also clinical evidence appearance norms experiments, 4 barriers, 7-8 independent, multi-disciplinary, 8 on Internet normalisation of procedures, 27 on medical framing and ambiguous genitalia, 5-6 satisfied and dissatisfied patients and, 7 revolumising, of labia majora, 46, 48 RFSU. See Swedish for Sexuality rhetorical sculpting, medical framing and, 5 risks, 113 clinical evidence on side effects and, 55 -free perception, of FGCS, 20, 27-8,75of MGC, 59 in vaginal rejuvenation, 55 Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 109 Royal Australian College of General Practitioners (RACGP), 107 six-point guide of, 109, 110-15 Royal College of Obstetricians and Gynaecologists (RCOG), 6-7 on aesthetic FGCS, 7 on labiaplasty, 7, 72, 109

scarring, postoperative complication of, 48–9 scientific bodies guidelines, for FGCS, 52, 53, 109 self-compassion, genital distress and, 103–4



Index

sex differentiation process for binary genitals, 3 FGCS cultural practice and interventions of, 3 sex education on agency gendered misappropriation, 102 comprehensive, 99, 104 on female genital diversity, 100-2 introduction to, 99-100 personal agency problems and limits, 104 personal agency promotion through, 102 RFSU on, 101, 102-4 "Sex in School," 103 on sexuality and being human, 102-4 summary on, 104-6 WHO on, 100, 104 "Sex in School," 103 sex therapy, 124-5 Sex-Determining Region of the Y chromosome (SRY) gene, 11, 12 - 13sexual activity clitoris during, 15 labia majora and, 15 labia minora and, 15 1960s change in, 87 repression of, 82 uterus and vagina section, 15 vagina and, 15 sexual function, 18 FGCS promise to improve, 119-20 genital dimensions and, 16 sexual satisfaction, 80 clinical evidence on FGCS and, 54 sexuality fertility control and, 82 FGM for regulation of, 66 sex education on being human and, 102-4 silicone breast implants, 6 skin marking. See positioning and skin marking social norms, 4, 75, 76 on appearance, 4

for options, 75 for preferences, 75 socialisation, causes of change and, Society of Obstetricians and Gynaecologists of Canada (SOGC), 28 guidelines of, 52, 109 SRY. See Sex-Determining Region of the Y chromosome cosmetic surgery specialty, 38 FGCS public narrative from, 27 on genital distress, 27 GP referral for, 18-19, 111 labiaplasty mainstreaming by, 27-8 language pathology of, 27 surgery ACOG on adolescent, 28 examination for pathology, 43 examination for planning, 43 goals agreement, 43-4 labia minora, clitoral hood, labia majora balance from, 44 postoperative care, 48 safety and risk-free perception of, 20, 27-8,75vaginal tightening results from, 5 Swedish for Sexuality Education (RFSU), 101, 102-4 United Kingdom (UK). See also

cosmetic interventions
Care Quality Commission in, 6
labiaplasty increase in, 2, 107–8
United States (US). See history, of
US FGCS
urethra, 11–12, 13–14
urethral meatus, 11, 13–14
urogenital syndrome of menopause,
113–14
uterus
in genital duct system, 11
sexual activity and, 15

vagina, 11–12, 18 in genital duct system, 11 negative representations of, 5 during sexual activity, 15 vaginal introitus, 11, 13-14 vaginal laxity, 54-5 case example, 112 norms and view of, 4-5 vaginal reconstruction, 1 vaginal rejuvenation, 1-2, 54-5, 107, 114 case example, 112 radiofrequency, 55 risk of, 55 vaginal tightening, 1, 5, 107 case vignette, 133-4 V-Day, 92 Visible Vagina Show, 92 vulva, 13, 18. See also adult vulva; ideal vulva; neat vulva clinical evidence on adolescence changes in, 51-2 as commodity, 28 females appearance study focus, 18 FGCS and pathologisation of, 19-20, 26 - 7males perception of, 19, 25 normal, 20, 29, 51-2, 74-6, 108, 119 standardization of, 15-16 vulval anatomy, 11, 16, 19 females lack of information on, 19, females perception of, 18

WD. See Woolfian Duct
wedge resection, 44, 45, 46, 47, 48
WHO. See World Health Organization
WLM. See Women's Liberation
Movement
women. See females
Women's Liberation Movement
(WLM), 85–6
Woolfian Duct (WD), 11, 12–13
World Health Organization (WHO)
on FGM, 1, 58
on FGM and FGCS comparisons, 60
on sex education, 100, 104
wound closure, for labiaplasty, 47
W-shaped resection, 44, 45–6

vulva-positive campaigns, 91

Z-plasty, 44, 45-6